Date: 2021/01/02 ;13/10/1399

Patient's Name: R.H

Responsible Physician: Dr. Vasigh

Patient presentation:

- 35years – positive family history (her mother)

-Presented with right breast carcinoma (6/92) Breast Conserving Surgery plus sentinel Lymph Node (SLN) dissection done.

IDC (2.5 cm); margin free; Grade3; Triple Negative ;2 free lymph nodes; afterward received chemo radiotherapy. Metastatic work up had not been done.

Last follow up (2/99): Sonography: left breast mass BIRADS 5, UOQ; 23 mm; Axilla Normal.

Core Needle Biopsy: IDC.

Mammography: UOQ focal asymmetry BIRADS 6.

Due to patient's request: bilateral mastectomy and bilateral TRAM flap reconstruction done.

Pathology of left mastectomy and SLN: Metaplastic carcinoma 2.5 cm, Grade3, margin free, 2freeSLN and negative CT scan for metastatic work up at the same time.

Chemotherapy done. beginning: (3/99). End: (7/99).

In the same period multiple sessions of left seroma collection aspiration done.

Meanwhile (5/99) a 15mm nodule appeared in paraclinical workup at left midaxillary line near surgery site.

(8/99) Chemotherapy Port extracted.
(9/99) Recently Palpable small mass left lateral chest wall under axillary incision

biopsied: ILC; TN; Grade3

. PET scan:1. Local recurrence at left breast (at least 2 foci)

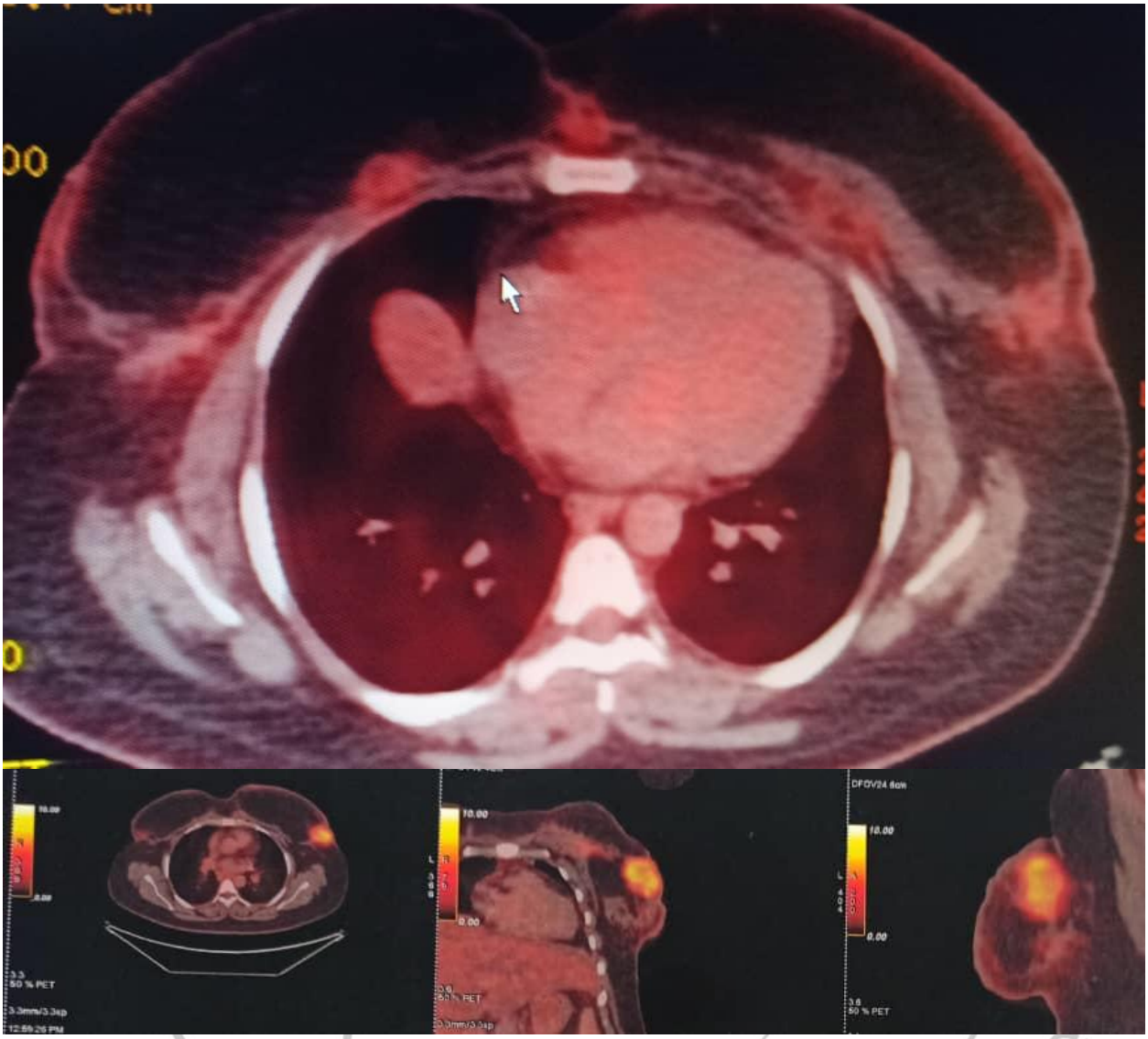
2.A suspicious nodule in right breast requires sonography and biopsy.

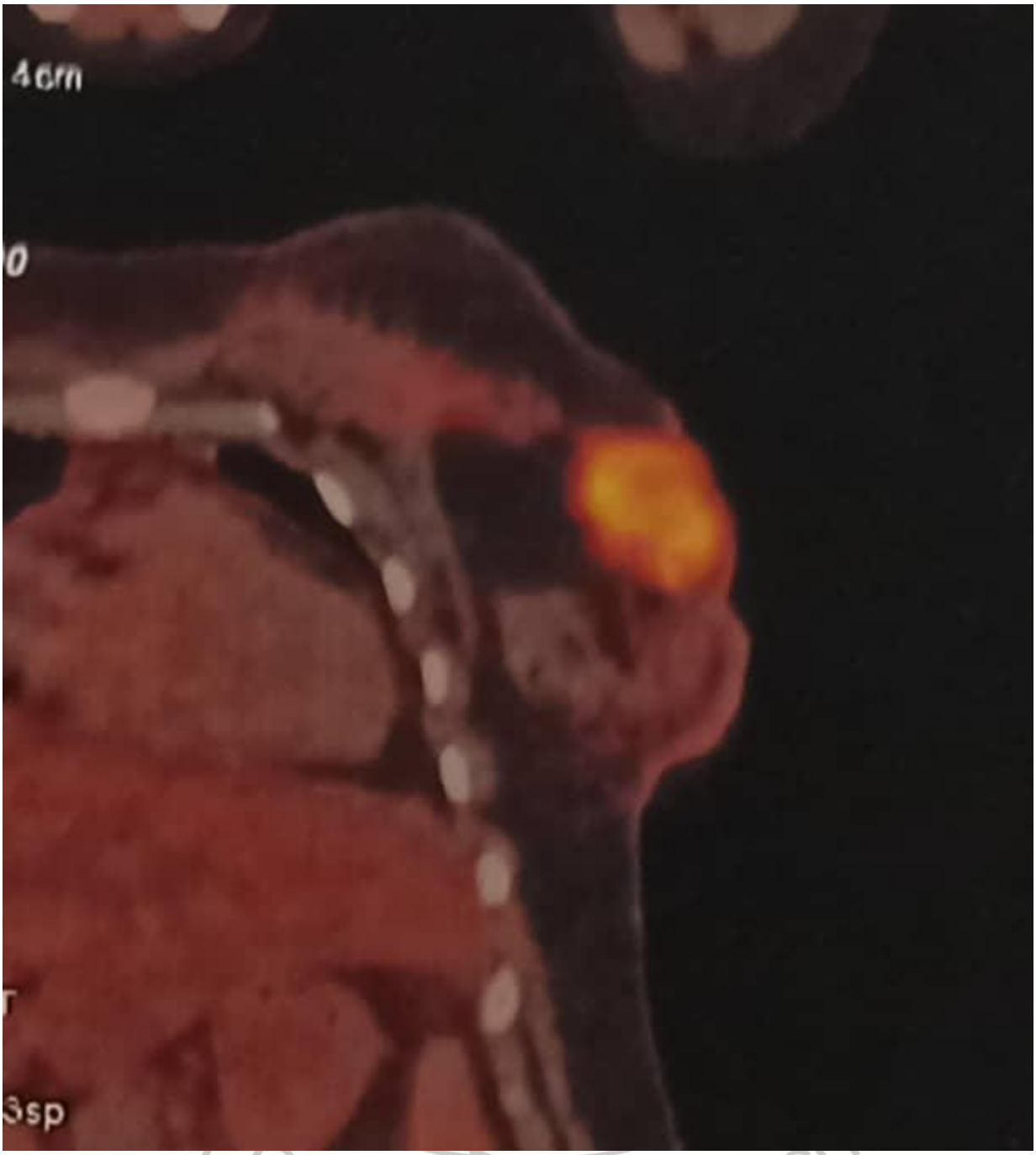
3.Bilateral cervical lymphadenopathies, FNA is mandatory for precise characterization of underlying pathology.

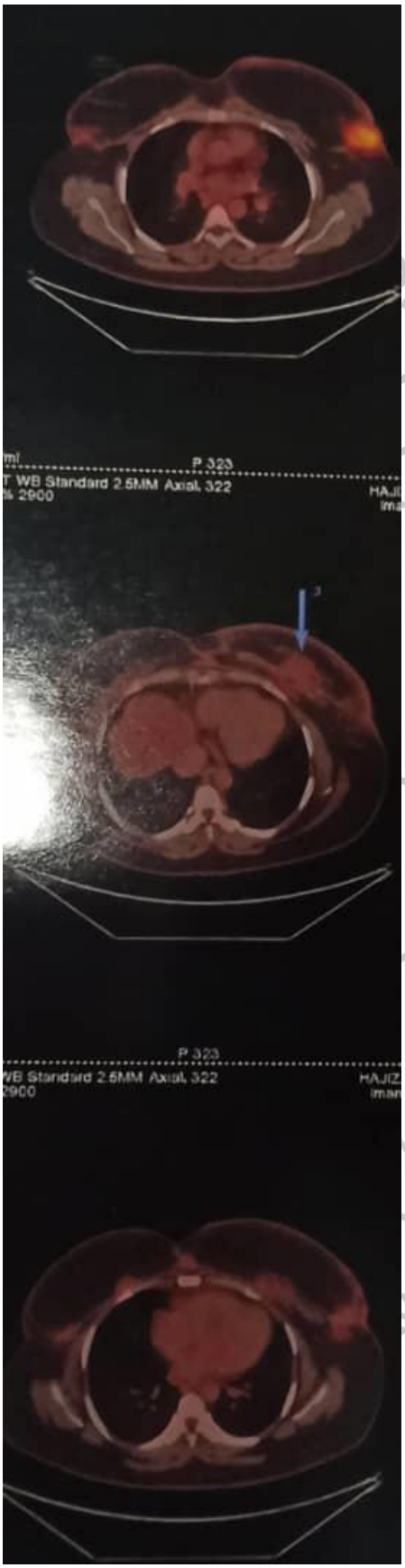
Question: Next plan?

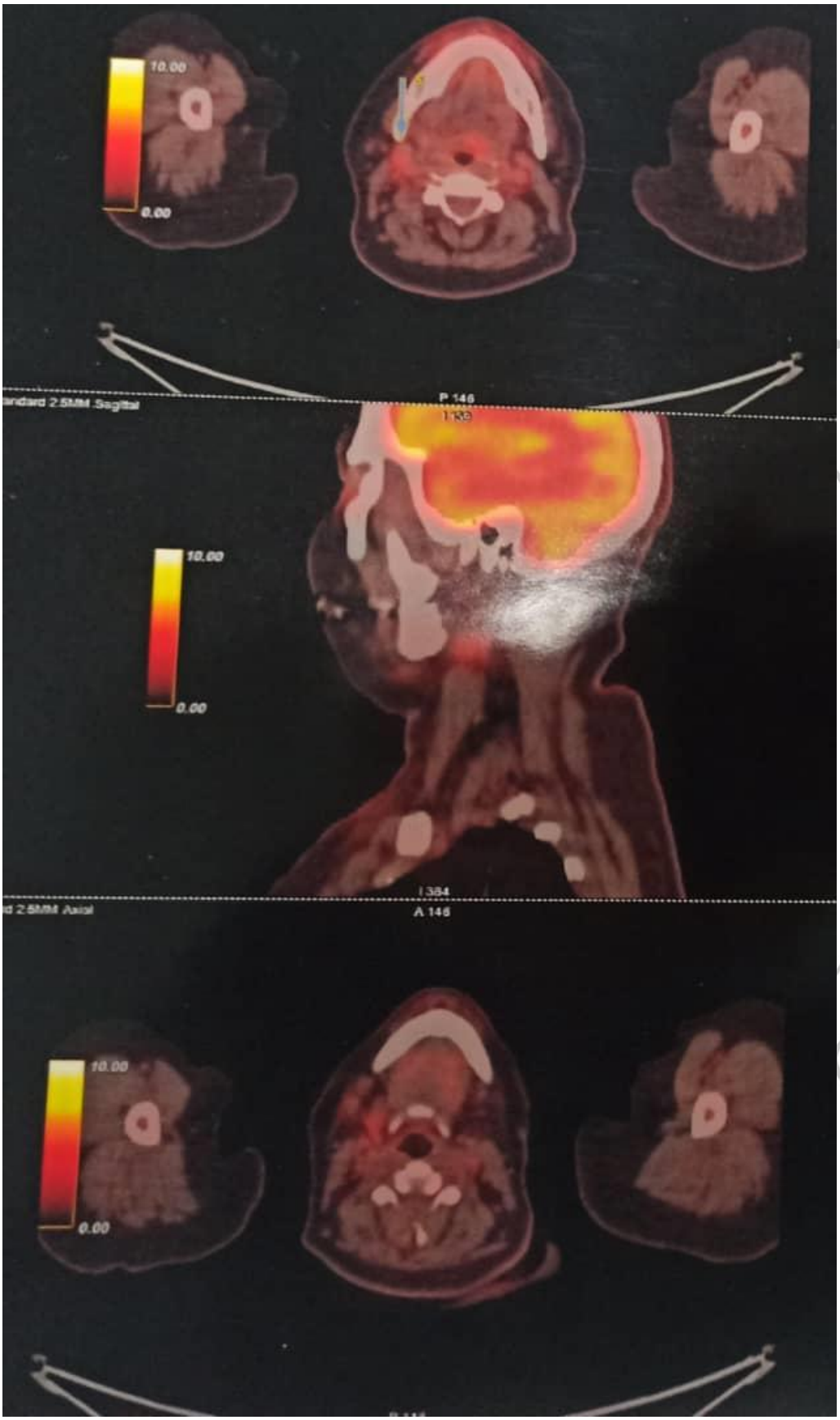
Recommended tests: 1-Bilateral Breast MRI to rule out post operation anatomic changes. 2-Genetic testing & consider secondary TAH &BSO.

Considered plan: 1-Excision of local recurrence and since discordance of 2 pathologic results control of E-cadherin in it plus classic axillary dissection during surgery 2-Chemotherapy port insertion. 3-Consider possibility of chemotherapy.





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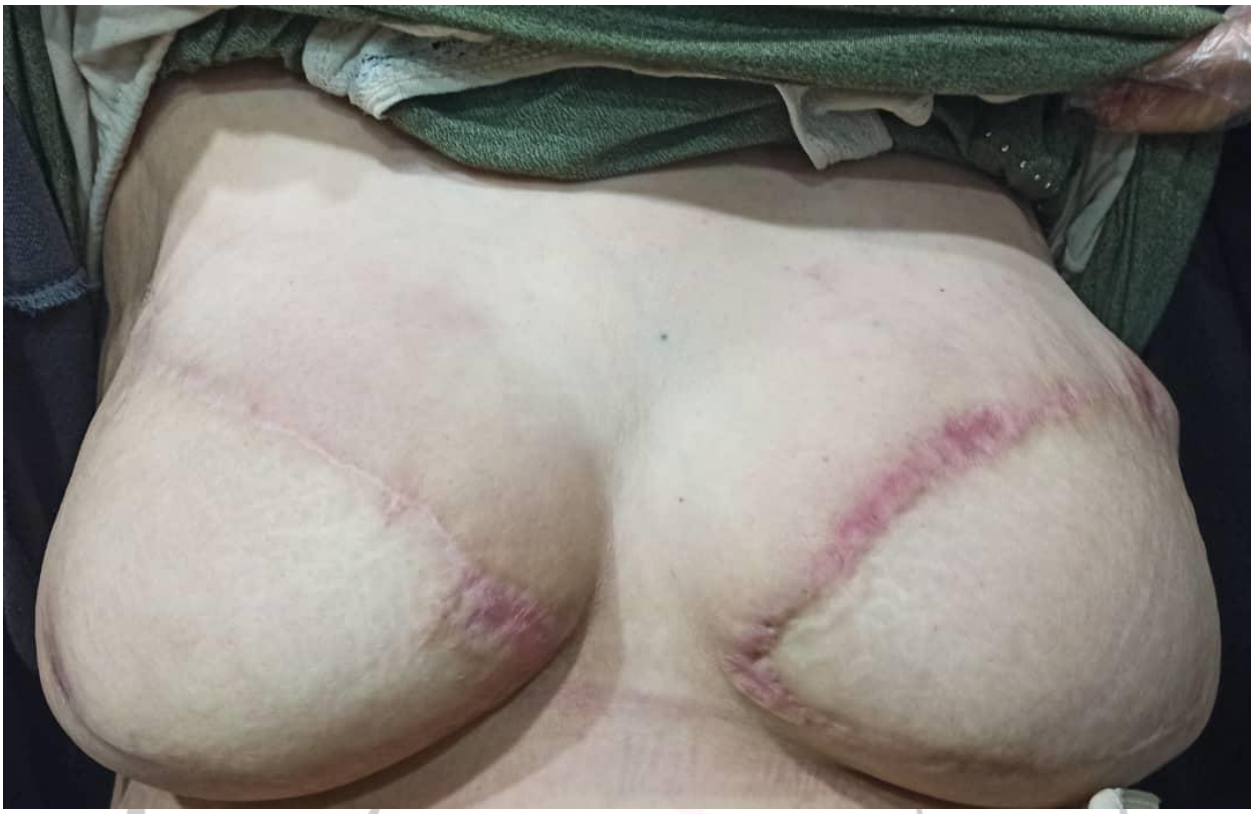

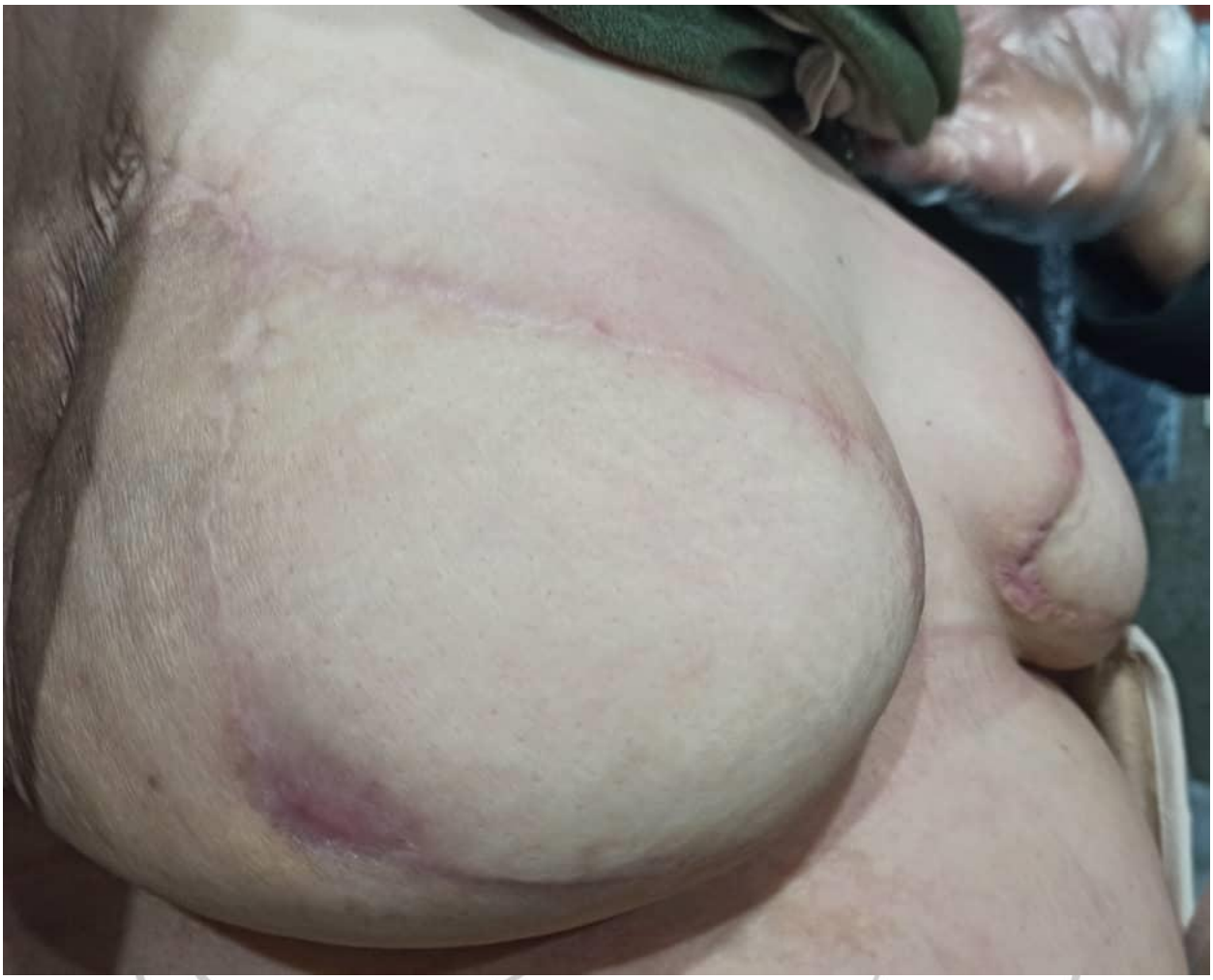

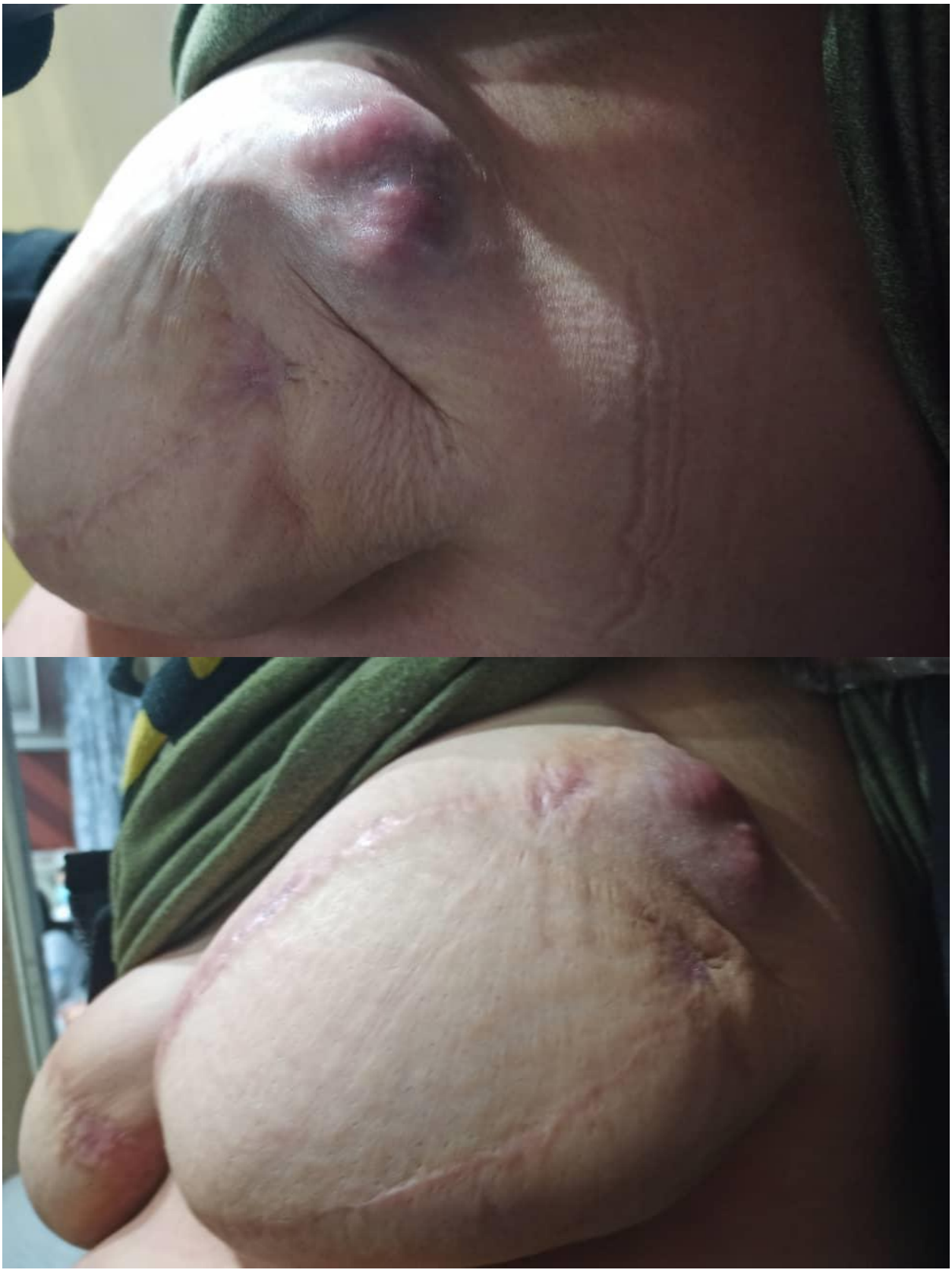


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